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JUL 8 2002

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023370  
JOHN S. PRATT, ESQ  
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HM22/0808

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7099 3400 0002 7326 8916

Angela M. Rossi

(Depositor's name)

Angela M. Rossi

(Signature)

11/8/01

(Date)

| APPLICATION NO.       | FILING DATE | TOTAL CLAIMS  | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|-----------------------|-------------|---------------|-----------------------------|---------------|
| 09/496,771            | 02/03/00    | 003           | ZEMAN, R                    | 1645 08/08/01 |
| First Named Applicant | BELL,       | 35 USC 154(b) | term ext. =                 | 0 Days.       |

**TITLE OF INVENTION** THERAPEUTIC CALCIUM PHOSPHATE PARTICLES AND METHODS OF MANUFACTURE AND USE

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 1 37070/198653    | 424-489.000    | K26       | UTILITY     | YES          | \$620.00 | 11/08/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bruce D. Gray

2 Kristin D. Mallatt

3 Kilpatrick Stockton  
LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BIOSANTE PHARMACEUTICALS, INC.,

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Smyrna, Georgia

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Kristin D. Mallatt* (Date) 11/8/01  
Kristin D. Mallatt, Reg. No. 46,895

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